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ABSTRACT

The belief that the birth of a first child has an effect on the parents' relationship is accepted in the literature, as well as in society at large. This study reviewed the research that explores the relationship between the transition to parenthood and marital adjustment during the transition. Most of the studies reviewed suffer to some degree from methodological weaknesses. The most common weaknesses include: use of self-report measures; use of measures with questionable reliability and validity; attrition in longitudinal studies; sampling bias; and lack of a control group. Marital satisfaction has been shown to decrease during the transition to parenthood, even though there is a decreased likelihood of divorce for new parents. Several researchers have found that one of the best predictors of marital satisfaction after the birth of a child is the level of satisfaction before and during pregnancy. The following conclusions are supported by the body of literature concerning marital satisfaction: (1) marital intimacy tends to decrease in varying degrees, depending at least in part upon the direction it was going prenatally: (2) role changes are best handled when they are discussed and anticipated; and (3) postpartum depression may exacerbate, and/or be worsened by the tensions within the marriage. Since marriages are affected by the birth of the first child, it is important that attention be given to therapy approaches for both prevention and intervention. (LLL)

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FACTORS AFFECTING MARITAL ADJUSTMENT DURING THE TRANSITION TO PARENTHOOD: A REVIEW OF THE RELEVANT LITERATURE, 1983-1990

A Doctoral Research Paper

Presented to

the Faculty of Rosemead School of Psychology

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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by

Karen Joy Siemens

May, 1992

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ABSTRACT

FACTORS AFFECTING MARITAL ADJUSTMENT DURING THE TRANSITION TO PARENTHOOD: A REVIEW OF THE RELEVANT LITERATURE, 1983-1990

by

Karen Joy Siemens

This paper reviews research on the effects of the transition to parenthood on the marital relationship. Typical changes in marital satisfaction are discussed, with a focus upon communication and intimacy, role issues, and post-partum depression. Also considered is the phenomenon of increased marital stability (delay or absence of divorce) in light of typically decreased marital satisfaction. Methodological issues are addressed, as well as implications for therapy and further research. The evidence presented is sufficient to conclude that marital quality tends to decrease during the transition to parenthood, while marital stability (i.e., absence of divorce) tends to increase.

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Factors Affecting Marital Adjustment During the Transition to Parenthood: A Review of the Relevant Literature, 1983-1990

Introduction

The belief that the birth of a first child has an effect on the parents' relationship is fairly well-accepted in the literature (Tomlinson, 1987), as well as in society at large. The contributing factors are continually under investigation to determine what occurs during this transition and to what extent it affects the marital dyad positively or negatively.

The purpose of this review is to survey the relevant research that explores the relationship between the transition to parenthood and marital adjustment during the transition. The sample of research is limited to studies published in English language scientific journals from 1983 through Spring, 1990. The primary emphasis is on first-time parenthood, however, several studies reviewed have included parents with more than one child. Due to the breadth of relevant research, the present paper focuses on a wide variety of factors related to marital adjustment and parenthood, with particular attention given to common findings and methodological issues.

Of the articles reviewed in the present paper, most are of an empirical nature. It is assumed in all of them that parenthood has an

effect upon the marital relationship, but the emphasis varies according to the researcher's particular hypotheses and theoretical orientation. At this point, the review proceeds to methodological issues, then to specific trends and predictors gleaned from specific studies, and, finally, to implications for therapy and future research.

Methodological Issues

Most of the studies reviewed in this paper suffer to some degree from methodological weaknesses which must be taken into account when drawing conclusions about the results and their implications. The most common methodological weaknesses include (a) use of self-report measures, (b) use of measures with questionable reliability and validity, (c) attrition in longitudinal studies, (d) sampling bias, and (e) lack of a control group. Other, less common methodological issues are discussed further on in conjunction with the review of specific studies.

Use of Self-Report Measures

The use of self-report measures is found in almost all of the studies reviewed here. While it is difficult to determine the extent to which this is a problem, it is safe to assume that some degree of inaccuracy is present. Similarly, reactivity of outcome assessment may have been a threat to external validity in some of the studies. Subjects were generally very aware of the nature of the studies in which they were participating and may have behaved differently (or at least reported differently) because of their assumptions about the experimenter's expectations. On the other hand, the nature of the studies, which have involved many intimate aspects of marital and

family life, make it difficult to obtain information other than by self-report. An alternative, that is, observation by an experimenter, has its own drawbacks, including intrusive observer effects. Consequently, given the limitations that are inherent in this type of research, self-report measures have been utilized most extensively.

Validity and Reliability of Measures

Unfortunately, very few researchers have given attention to the validity and/or reliability of the measures they have used. One exception was O'Hara (1985), who took great care to use only valid and reliable measures together with such information as intraclass correlation for each of the measures. Another group of researchers (Lenz, Soeken, Rankin, & Fischman, 1985) reported coefficient alphas for all four tests used in their study. Tomlinson (1987), another exception, specified the use of measures with reported coefficient alphas ranging from .85 to .90. Of the researchers who did not provide specific information regarding reliability and validity, many used such well-known instruments as the Dyadic Adjustment Scale, which has been shown elsewhere to be a valid measure of marital adjustment (Tomlinson, 1987).

Attrition in Longitudinal Studies

Another notable problem found throughout most of the research reviewed is that of attrition. This was a common occurrence found especially, but not exclusively, in longitudinal studies (Grossman, Pollack, Golding, & Fedele, 1987; Harriman, 1986; Lenz, Soeken, Rankin, & Fischman, 1985; Ruble, Fleming, Hackel, & Stangor, 1988; Stemp, Turner, & Noh, 1986; Waite, Haggstrom, & Kanouse, 1985). In the case of multiple measures across time, attrition poses a threat

to internal validity, since subjects who drop out or are otherwise lost from the study may have differed on some unknown variable from those who remained. As a result, researchers may have been led to erroneous conclusions about the influence of first-time parenthood on marital adjustment.

Sampling Bias

Another weakness in many of the studies was that of sampling bias, usually due to homogeneity of socioeconomic status, level of education, and voluntary participation in the study (Broom, 1984; Cooper, Chassin, Braver, Zeiss, & Khavari, 1986; Feldman & Nash, 1984; Harriman, 1986; Issod, 1987; Ruble, Fleming, Hackel, & Stangor, 1988; Waite, Haggstrom, & Kanouse, 1985). In some cases, this type of sampling procedure can be beneficial in controlling for other factors. For example, the investigator may wish to hold financial status constant to keep the effects of financial stress from confounding the results (e.g., marital distress may be more a function of a tight budget than of the birth of a child). On the other hand, generalizability of results is limited in many of the studies reviewed because of the homogeneity of subjects.

Lack of Control Groups

Finally, the lack of a control group has been another notable weakness. While not feasible in all situations, the inclusion of a control group would have lent support to some of the studies by helping to rule out the effects of maturation and history on the marital adjustment of couples. This could have been accomplished in some instances by using the same measures with control subjects as

with the main subjects (e.g., at the same stage of marriage) except for being childless.

Callan (1987), whose findings are discussed further on in this paper, did make use of comparison groups. In addition, several other research studies were exceptionally well-controlled (Cowan & Cowman, 1988; Grossman, Pollack, Golding, & Fedele, 1987; O'Hara, 1985; Ruble, Fleming, Hackel, & Stangor, 1988; Waite, 1985; thereby lending greater credibility to their results. On the other hand, some of the research was not included in the present review because it was only exploratory in nature and did not include a comparison with childless couples.

It is important to take into consideration the limitations described above. However, in most cases the studies are acceptable and sound enough in design to offer additional support to existing research and hypotheses. Many of the studies resulted in conclusions that are compatible with others presented in the present review. Still others shed light from an innovative perspective. The sum of them lend support to the assumption that the transition into parenthood is in some way related to marital adjustment.

With these methodological considerations taken into account, the paper proceeds to review the literature on the effects of the transition to parenthood on marital satisfaction. Subsequently, this literature will be contrasted with the effects on marital stability of having a first child (i.e., resistance to separation or divorce), because the major findings provide conflicting perspectives.

Factors Related to Marital Satisfaction

Most of the studies on the transition to parenthood fit into broad categories based on various aspects of marital adjustment upon which they have focused. For the purposes of the present review, the following areas are addressed: (a) marital intimacy, (b) role changes and expectations, and (c) postpartum depression. Issues necessarily overlap, due to the interrelatedness of variables.

Marital Intimacy

Different aspects of marital intimacy, such as communication, closeness, and support are often studied as indicators of overall marital adjustment. It is logical to assume that these factors would be affected by the adjustment following the birth of a first child. Apparently, most couples tend to have struggles in maintaining intimacy during this transition time. Ruble, Fleming, Hackel, and Stangor (1988) found that women at three months postpartum felt significantly less close to their husbands ($F = 5.87$, $p < .001$) compared to pregnant women.

In addition, couples are not always as clear in their communicating as they perceive themselves to be. Broom (1984) compared rank-ordered concerns among husbands and wives in prenatal and postpartum groups and found that couples perceived greater agreement than actually existed between themselves in regard to the relative importance of parental and marital concerns. She suggested this could be due to a lack of communication between spouses. In addition, the husbands in both groups predicted their wives' views on the importance of concerns significantly better than the wives predicted their husbands' concerns. Broom suggested this

may be due to the "narcissism" (Littlefield, 1977) supposedly characteristic of pregnant women, since the wives would be more preoccupied with themselves than with their husbands. An alternative hypothesis might be that the husbands simply did not voice their concerns as readily as did the wives.

Even if the spouses initially interact frequently once the baby is brought home, this does not last for many couples. In a longitudinal study of 72 volunteer couples from the last trimester of pregnancy through the ninth month postpartum, Belsky, Spanier, and Rovine (1983) found that baby-related interactions between parents decreased significantly in frequency from the first to the third month postpartum. In addition, positively toned communications between husband and wife that were not baby-related declined linearly from one month to nine months after the child's birth, though the only statistically reliable change occurred between the first and third months. In order to balance the use of self-report measures, which are commonly used in studies of this nature, Belsky et al. (1983) added a home observation. This approach offers an additional perspective on the functioning of new parents in their marital interactions, offsetting some of the criticism directed at self-report instruments.

Unfortunately, while the importance of intimacy and support is apparent, there is evidence that both affection and communication generally decrease in marriages undergoing adjustment to parenthood. Based on use of the Dyadic Adjustment Scale (DAS), Tomlinson (1987) found that significantly negative changes occur in sex, affection, and marital communication during the transition

period into parenthood. These changes could be attributed in part to physical changes in the new mother, affecting both her self-image and energy level, and to inevitable time constraints.

Because of the decrease in available time, couples have fewer opportunities to talk, relax, or work together. Using the DAS, Callan (1987) found that mothers of small children had lower levels of cohesion (e.g., working together, discussing and exchanging ideas) and dyadic consensus with their husbands than did voluntarily childless wives. The mothers also reported less affectionate marital relationships than either the voluntarily or involuntarily (infertile) childless groups. It should be noted, however, that all three groups of women gave ratings that indicated they were satisfied overall with their marriages.

While the general trend is for couples to become less intimate during the transition to parenthood, this was not the experience of all couples. Some predictors of a more positive experience in intimacy include: (a) the general capacity for closeness, (b) the experience of support from one's spouse, and (c) the ability or willingness to voice specific concerns (and presumably to listen as well) (Callan, 1987).

The first factor, the capacity for closeness, is for obvious reasons a strong indicator of marital intimacy. Support for this idea comes from Grossman, Pollack, Golding, and Fedele (1987), who conducted a longitudinal study of couples expecting their first child. They found that the wife's capacity for closeness, or affiliation, at the time she was expecting was a strong predictor (r = .70) of the husband's marital adjustment when the child was age two and was still a significant predictor of marital adjustment when the child had

reached age five. Affiliation was defined in this study as including "a view of oneself as importantly connected to others" and "participation in and enjoyment of empathic, responsive relationships" (p. 263). Marital adjustment was measured by the Dyadic Adjustment Scale (DAS).

This correlation (r = .70) suggests that such aspects of intimacy as connectedness and empathy are important for the marital dyad during the transition period. It seems as well that the sharing of concerns with one another would increase the likelihood of mutual support. Each individual's willingness and ability to communicate feelings, as well as to listen to his or her spouse, is crucial. Clearly, the amount of support felt from one another is important for marital happiness. In a study of couples during pregnancy and after delivery, O'Hara (1985) found the wives' satisfaction with spousal support was related significantly to the marital satisfaction of husbands at six weeks postpartum. The Dyadic Adjustment Scale (DAS) was used to measure the quality of the marital relationship, and the Postpartum Social Support Questionnaire (PSSQ) was used to assess the support received by the new mother from her husband and others.

It is clear that communication and emotional support between husband and wife help predict marital adjustment during the transition to parenthood. Closely related are the variables of role attitudes and changes, especially the amount of help and emotional support given to the new mother, who usually shoulders most of the increased responsibility when the child is born. The expectations and behavior of parents in the dividing of new tasks affects the amount of upheaval they will experience in their relationship.

Role Changes and Expectations

Most research in this area has shown that roles become more traditional overall, presumably because of the tendency for mothers to stay at home with their babies, at least temporarily. White, Booth, and Edwards (1986) found in a nationwide study that the division of labor for new parents did indeed become more traditional, thereby increasing the work load of the already burdened new mother. This situation increased the marital happiness of men but inversely led to a decrease in the happiness of their wives.

Feldman and Nash (1984) also found that the transition to parenthood brought with it a major upheaval in roles, with more negative and positive changes reported by women than by men. This may be accounted for largely by the amount of time the new mother spent with her baby, which would be not only rewarding but demanding of her as well. It would be especially disruptive if she began staying at home to care for the child after having previously enjoyed a career outside the home. Conversely, a woman who had not previously been working, or who had only taken a job temporarily and had gladly anticipated the eventual shift from an outside job to the home, would likely react quite differently, with fewer difficulties in adjustment as a consequence.

In a recent review of similar studies, Belsky and Pensky (1988) found that not only did roles become more traditional during the transition to parenthood, but that couples spent less time in leisure activities together, experienced more conflict and fewer positive interchanges, and expressed a general decline in feelings of love toward the spouse and in overall marital satisfaction, especially for

the wives. They qualified these results by saying that the changes were generally moderate in degree and may have been a function of the length of marriage rather than of the birth itself. This issue is discussed in greater detail further on in this paper.

Another empirical study concerned with roles and responsibilities involved cross-sectional and longitudinal analyses of more than 700 women (Ruble, Fleming, Hackel, & Stangor, 1988). The findings suggested that women have less positive feelings regarding their husbands during the postpartum period than during pregnancy. In addition, the women reported doing much more of the child care and housework than they had expected prenatally. Negative feelings concerning some aspects of the marital relationship (postpartum) were found to be significantly related to violated expectations concerning the division of labor.

In addition to the use of multiple statistical analyses (e.g., ANOVAs, reliability coefficients, regression analyses), Ruble et al. (1988) utilized a prepregnant control group. The use of both longitudinal and cross-sectional groups of subjects was a definite strength as well, although it should be noted that there were some small, statistically discernable differences in the cross-sectional group on age, work status, education and husband's income.

It is apparent that there is a relationship between the role shifts of first-time parents and post-partum marital adjustment. It seems that it is a common occurrence for more traditional male-female roles to emerge among couples once a child is born, often leading to greater dissatisfaction for the new mother, whose responsibilities are increased. It is possible that the larger scope and

number of responsibilities lead not only to fatigue but also to resentment toward the husband for not sharing more of the tasks and to disillusionment if these changes were not mutually agreed upon. A likely consequence would be decreased marital satisfaction among these couples, especially if such role changes were not anticipated.

As would be expected, some couples seem to adjust in a satisfactory way, especially if the role assignments have been clearly delineated and distributed to the satisfaction of both spouses. This was found to be an important determinant of marital happiness in a study conducted by Cowan and Cowan (1988). They assessed 47 couples in late pregnancy, and again at 6 and 18 months postpartum, using as a control group 15 couples undecided about having a baby. Global analyses showed that the new parents' roles changed in both traditional and non-traditional ways from one period to another, factors which greatly impacted their marital satisfaction.

For example, during pregnancy, satisfaction with role involvement was rarely and only slightly correlated with marital happiness. However, six months after the birth, the men's satisfaction with the division of labor in the household was the single most important determinant of their marital satisfaction. In addition, those husbands who were doing more child care and less housework than their male peers felt better about themselves and their marriages.

Mothers at six months postpartum tended to be slightly happier when they had less "psychological" involvement with the child, especially when their husbands were more involved (e.g., caring for the child in the middle of the night). This might simply have been a

result of more sleep and a feeling of being cared for by their husbands. Satisfaction with both psychological and behavioral aspects of role division was highly correlated with the women's marital happiness (r = .77).

At 18 months, as during pregnancy, men's behavioral and psychological involvement in child care and household tasks was no longer correlated with their marital satisfaction. Instead, the men's actual role involvement and the wives' satisfaction with their husbands' involvement were highly correlated with her marital satisfaction.

Tomlinson (1987) conducted a study of 96 couples to determine, among other things, the contribution of sex role attitudes during the transition to parenthood. Utilizing several self-report measures, including the DAS and the Attitude Toward Women Scale (AWS), she found evidence suggesting that mothers' evaluations of their post-birth marital relationships were positively predicted by greater involvement of the father in caring for the infant. In addition, a traditional sex role orientation contributed negatively to postbirth marital satisfaction for women but not for men. This would again point to the additional tasks usually assumed to be "women's work."

It is evident that expectations play an important part in determining whether or not the shifting of roles will be disconcerting for one or both spouses. In light of the changes that take place, it is important for the marital couple to discuss and work out mutually agreeable task arrangements. Other factors come into play, as well, in predicting which couples will weather the inevitable changes with a minimum of upheaval in their marital relationship.

For instance, emotional support or nurturing, especially from the husband to the wife, would naturally ease the stress of new responsibilities and possibly increase the likelihood of sharing more equitably. There is some support for this idea from a study by Lenz, Soeken, Rankin, and Fischman (1985). As part of a larger study regarding the transition to parenthood, they utilized the Bem Sex-Role Inventory (BSRI), the Relationship Change Scale (RCS), the Intimate Relationship Scale (IRS), and the Dyadic Adjustment Scale (DAS) to examine different areas of marital adjustment. They found that femininity was significantly and positively related to perceived marital quality following the birth of the child. The researchers theorized that men and women with the traditionally "feminine" attributes, such as tenderness and warmth, would be more comfortable in the nurturing role with the infant, and presumably with their spouses, and thus would experience less stress in meeting the new demands placed upon them. It may be inferred that their spouses would in turn experience less stress as well. If both spouses had these attributes, it would be especially felicitous for the marriage during this time, since both spouses would likely take responsibility for the care of the child, thus lightening the new mother's responsibilities.

An interesting theory has been advanced, suggesting that the gender of the child itself has an effect on marital stability. In a study conducted by Morgan, Lye, and Condran (1988), it was found that sons reduced the risk of marital disruption by 9% more than did daughters. This difference was attributed to the fathers' greater involvement in the lives of their sons and thereby fathers' greater

involvement in the family overall. This would in turn suggest more help and greater satisfaction for the mother.

Post-Partum Depression

One problem that adds further to the mother's stress and, therefore, to the marital dissatisfaction of new parents is that of post-partum depression. This common phenomenon is generally believed to be either primarily or totally a result of hormonal changes in the new mother. Such changes and the resulting fatigue and apathy might make the role shifts and additional tasks even more difficult for the new mother. In addition, her increased difficulties in adjustment would contribute to marital strain and dissatisfaction in the husband.

It appears that depression following the birth of a first child is indeed negatively correlated with marital intimacy and satisfaction. Coleman, Ghodisian, and Wolkind (1986), in a longitudinal study of 131 women, used a modified version of the Present State Examination, as well as personal interviews, to determine psychiatric states and marital satisfaction. Among women who were depressed 82 months after the birth, Coleman and associates found strong significant correlations between a woman's depression and (a) her isolation, (b) a lack of confiding in her husband, and (c) an overall poor relationship with her husband. It is interesting to note that the percentages of women who experienced depression at different points of time from 7 months pregnant to 82 months postpartum were very similar, contrary to the usual assumption of "baby blues" occurring immediately and most intensely following the birth.

The investigators reported a "lack of data" at several points in the study, which limited the inferences they could make in regard to

the relationship between past depression (pre-pregnancy) and post-partum depression. They did attempt to make a "rough assessment" of the existence of prior depression, but the questions asked were rather vague (e.g., whether or not the individual had sought outpatient consultation for "nerves") and were based upon retrospective self-report. Another possible weakness of this study is its limited generalizability, because the subjects were all from an "inner London borough," and thus were not representative of the population at large.

Several additional questions must be raised regarding these data before definite conclusions can be drawn. First of all, is depression at 82 months following a birth still considered post-partum depression? If the woman's hormonal activity has returned to normal (pre-pregnancy), then it would seem that the other factors mentioned above, such as isolation and lack of intimacy with her husband, would be strong predictors of her continuing depression.

Second, it would be important to do additional study with more complete data in order to determine the patterns of depression from before pregnancy until several years after. In this way, it would be more clear whether reference is to postpartum depression per se or to a preexisting condition. It may be that the former is true for some women and the latter for others, although it seems logical that the two would be closely related.

Additional support for the relationship between intimacy and post-partum depression was found by Stemp, Turner, and Noh (1986). In a sample of 280 new mothers, this research team found that the cognitive experience of social support and the degree of marital intimacy contributed significantly to changes in psychological

distress. This type of support would likely decrease or prevent the feelings of isolation and depression that new mothers usually feel, since the husband would presumably share the psychological burden with her.

While post-partum depression is recognized primarily as a physiological phenomenon, it could be that it is exacerbated by the above-mentioned additional stressors in the marriage, which in turn might be heightened by the depression. It is also possible that the depression comes first and is a causal influence on the other problems within the marriage. This factor, along with increased responsibilities, might explain the general tendency for women to report greater marital distress and general difficulty in adjusting to parenthood (Wilkie & Ames, 1986). It would be helpful to use adoptive mothers as a control group in further studies of post-partum depression and marital adjustment.

Marital Stability versus Marital Satisfaction

In light of the problems associated with a typical decrease in marital satisfaction for new parents, another important issue comes into play. In apparent contrast to the literature suggesting that the transition to parenthood has a primarily negative effect on marital quality, some have suggested that marital stability increases with the presence of children. Glenn and McLanahan (1982) have asserted that the introduction of a new child into the home may keep already unhappy couples from divorcing, at least temporarily. In support of this claim, White, Booth, and Edwards (1986) found that unhappily married couples with children were less likely than unhappy

childless couples to divorce within a given three-year period. It follows, then, that an inordinate number of unhappily married people are included in parent samples and compared with non-parents, who are more likely together because they want to be (i.e., unhappy non-parents have already divorced).

Waite, Haggstrom, and Kanouse (1985) found that more than 20% of the couples studied would have been divorced or separated by the time of the child's second birthday had the child not been born. This is in comparison to 5% to 8% of new parents who actually did become divorced or separated during this time.

This of course raises the question of whether or not the child actually makes a positive difference in the marital relationship or simply provides a barrier to divorce. The role changes and their typical influence on marital satisfaction following the first birth suggest the latter. On the other hand, there is some evidence suggesting that this varies among couples depending upon the timing of the birth and the prenatal marital satisfaction.

For instance, Morgan and Rindfuss (1985) found that the timing of the first birth was a very important factor in marital stability. Babies conceived within marriage reduce the risk of marital disruption, compared to premaritally conceived births, which actually increase disruption in the early years of marriage. They also found that the longer a couple waited to have a child, the more likely they were to experience disruption at some point, apparently because early on the child does not exist as a barrier to divorce. This is in contrast to popular wisdom that says a couple who wait longer to have

a first child (i.e., until they are more financially secure and have adjusted to married life) will be more stable.

Another very important factor is the prenatal satisfaction experienced in the marriage. In fact, Lewis (1988) found that patterns of change during the transition to parenthood moved in the direction the patterns were going prior to pregnancy. Those with high marital competence prenatally maintained their positive relationship throughout the transition. Conversely, couples who experienced deterioration following the first birth were those who had not been doing well before conception. This suggests that in preparation for first-time parenthood it would be helpful to work toward positive marital change prior to, or during, the pregnancy .

One type of intervention that has been helpful, in addition to its original purpose of preparing for the actual labor and delivery experience, is Lamaze Childbirth Preparation. In a study of first-time parents, Markman and Kadushin (1986) found that couples enrolled in Lamaze classes reported unchanged levels of birth- or pregnancy-related problems, state anxiety, and marital satisfaction at three months before the child's birth, 1 week after the birth, and 9 to 10 weeks after the birth. In contrast, those who did not attend Lamaze classes experienced a sharp decline in marital satisfaction, as well as increased anxiety and birth-related difficulties.

One other factor has been found to be important as a predictor of marital change following the birth of a baby. According to Belsky and Isabella (1985), retrospective data regarding one's own parents' marriage reliably predicted changes in the individual's marriage during the transition to parenthood. Especially significant was the

finding that husbands and wives displayed increasing differences over time in their evaluations of marital adjustment when either or both recalled growing up in a cold-rejecting home environment, especially if they also remembered their parents' marriages as unharmonious.

Assuming that children do provide a reason for couples to stay together, at least initially, it is important to know how satisfied the new parents are with their marital relationships. There are strains involved in this important transition, and they necessarily affect all couples regardless of their levels of marital happiness and commitment. However, not all couples experience an actual decrease in marital satisfaction during this time. The evidence presented suggests that other factors, such as the husband's support of his wife, the timing of the first birth, and the prenatal satisfaction, influence whether or not the birth will actually cause a decrease in marital happiness.

Clearly, as more studies emerge, the relationship between marital stability and satisfaction may become more apparent. In the meantime, it may be concluded on the basis of research conducted to date that the presence of a child typically acts as a barrier to divorce, at least for a time, regardless of the marital satisfaction of the new parents.

Discussion and Conclusions

Taken together, the studies included in this review have shown that marital satisfaction tends to decrease during the transition to parenthood, even though there is a decreased likelihood of divorce for new parents. Several studies have shown this decline in marital

satisfaction, especially in wives. It may be that a greater decline occurs for wives than for husbands, however, this hypothesis awaits more specific research.

A variety of factors related to marital adjustment come into play at the point of entrance into parenthood. Many studies indicate that the transition involves an upheaval of sorts, often involving decreased marital communication, changed role definitions and attitudes, and the onset or exacerbation of depression. Clearly, the presence of a new child introduces new stresses and time constraints that cut into the time a couple might otherwise have together. Thus, the time and energy required by a new baby detracts from the time and energy available to maintain and develop the marital relationship. This may help to explain the finding that post-partum depression in wives is negatively correlated with marital satisfaction and intimacy.

In addition, the new role responsibilities often fall disproportionately on the wife. For both spouses, their satisfaction with the division of labor is correlated with their marital satisfaction. Husbands' participation in child care is positively correlated with both parents' marital satisfaction six months after the child's birth. By the time the child is 18 months old, however, the husbands' involvement is positively correlated only with the wives' marital satisfaction.

Several other characteristics of the marital dyad predict how well the couple will weather the transition to parenthood. For instance, those couples in which one or (preferably) both partners have a general capacity for closeness and nurturing, the experience of support from his or her spouse, and the ability and willingness of

each spouse to voice personal concerns, have a better chance of achieving and maintaining intimacy during the transition period. In addition, one study (Belsky & Isabella, 1985) showed that individuals who recalled being reared in a warm-supportive environment by parents who had a somewhat harmonious relationship tended to have fewer difficulties in their own marriages during the adjustment to parenthood.

Not surprisingly, several researchers have found that one of the best predictors of marital satisfaction after the birth of a child is the level of satisfaction before and during pregnancy (Belsky, 1986; Heinicke, 1984; Tomlinson, 1987; Worthington & Buston, 1987). In addition, the amount of change perceived (Harriman, 1986) as well as the relationship of expectations to actual change (Feldman & Nash, 1984) seem to be important determinants of adjustment.

The following conclusions are clearly supported by the body of literature concerning marital satisfaction: (a) marital intimacy tends to decrease in varying degrees, depending at least in part upon the direction it was going prenatally; (b) role changes are best handled when they are discussed and anticipated; and (c) post-partum depression may exacerbate, and/or be worsened by, the tensions within the marriage. It is clear as well that further research is needed in order to clarify and support present findings. Additionally, since marriages are affected by the birth of the first child, it is important that attention be given to therapy approaches for both prevention and intervention.

Therapeutic Implications and Research Recomendations

An interactional model for therapy was suggested by Kraus and Redman (1986), in which the focus is upon "interdicting of maladaptive interpersonal spirals," especially in relation to postpartum depression. This approach would include: (a) accepting and normalizing conflicting complaints; (b) accessing significant others as customers (agents) for change; (c) reframing depression as positive but costly; (d) deriving adaptive behavior from maladaptive premises (i.e., introducing new behaviors, such as the husband showing vulnerability); (e) regulating involvement of others in childrearing; (f) restraining the new mother from overly rapid resumption of roles; and (g) predicting and prescribing relapse. While this approach appears sound and promising, there remains a great deal more research and theorizing to be done.

LaRossa and LaRossa (1981), in their study and review of the effects of parenthood on the marital relationship, took a preventative perspective. Asserting that classes and therapy after the fact are helpful but not in themselves sufficient, they suggested preventative measures on a broader social scale, as well as within the marital dyad. For instance, they have focused on the inequality of men and women over time that has contributed to the heavy burden placed upon new mothers. Consequently, their emphasis on "power plays" within the marriage strongly suggests a need for the negotiation of a balanced division of labor.

It is also possible that special classes during pregnancy would be helpful in preparing first-time parents for the challenges awaiting them. The results of Markman and Kadushin's study (1986)

suggested that Lamaze training can be helpful in preventing post-partum marital dissatisfaction, state anxiety, and birth-related problems otherwise experienced by first-time parents.

In addition, classes, counseling or therapy specifically oriented toward the marital relationship would be very helpful in preventing a decrease in marital satisfaction following the birth of the first child. These activities could emphasize expectations regarding roles and responsibilities, fears surrounding the birth and parenting, and hopes for the future. Other areas of importance could include the creating or fostering of intimacy and support, as well as planning for time to spend together as a couple once the child is born.

Another form of prevention of decreased marital satisfaction could be individual or marital therapy with a focus upon the family-of-origin experiences of each spouse. If it is indeed true that awareness is the precursor to change, then a thorough understanding of an individual's own childhood, as well as that of the spouse, would be helpful in preparing for parenthood.

It would be instructive to assess the results of these types of intervention strategies as they are implemented and studied. In the meantime, expectant parents would do well to prepare in some way for the changes that are a part of parenthood.

Other areas that remain to be explored or further studied include cross-cultural issues, effects of infants with special needs, and the transition to adoptive parenthood (see Brodzinsky & Huffman, 1988). A wider use of pre-pregnant control groups would contribute as well to more effective comparison studies. In light of the current controversy surrounding child care, it would also be useful to study

marital satisfaction and stability as they relate to whether or not the mother stays at home with the baby.

Finally, since new mothers tend to be more severely affected than their husbands by role changes, additional study in the area of role attitudes and task arrangements would help couples whether they choose traditional or nontraditional ways of sharing tasks. It seems plausible that couples who previously had a more traditional role orientation and so expected the same after the birth of a child would not experience the upheaval that others would experience. On the other hand, couples who decided ahead of time to share tasks in a less traditional way (e.g., the husband changing diapers often) would also adjust more easily.

While much remains to be studied about the effects of parenthood on marital satisfaction, it may be concluded from the existing research that the birth of a first child often has a crucial impact on a marriage. As researchers continue to pinpoint the pre- and postpartum factors involved, helping professionals will be better equipped to introduce and implement preventive strategies. This will not only help to strengthen the marital dyad but is certain to benefit the child as well.

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